

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF TENNESSEE

Case number (*if known*) \_\_\_\_\_

Chapter you are filing under:

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

 Check if this an amended filing**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

**Leonard**

First name

**Charles**

Middle name

**Smith**

Last name and Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):****2. All other names you have used in the last 8 years**

Include your married or maiden names.

**Jessica**

First name

**Anne**

Middle name

**Smith**

Last name and Suffix (Sr., Jr., II, III)

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)****xxx-xx-0352****xxx-xx-6559**

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (*if known*) \_\_\_\_\_

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

- I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

**About Debtor 2 (Spouse Only in a Joint Case):**

- I have not used any business name or EINs.

Business name(s)

EINs

**5. Where you live**

**4788 Somerville Road  
Cross Plains, TN 37049**

Number, Street, City, State & ZIP Code

**Robertson**

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

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- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

8. **How you will pay the fee**  **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**

- No.
- Yes.

District	<b>Middle District of TN (Ch 13 Dismissed 08/24/2017)</b>	When	<b>2/06/17</b>	Case number	<b>17-00757</b>
District	<b>Middle District of TN (Ch 13 Dismissed 01/27/2017)</b>	When	<b>11/04/15</b>	Case number	<b>15-07983</b>
District	<b>Middle District of TN (Ch 7 Discharged 01/25/2007)</b>	When	<b>5/18/06</b>	Case number	<b>06-02434</b>

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- No
- Yes.

Debtor	Relationship to you
District	Case number, if known
Debtor	Relationship to you
District	Case number, if known

11. **Do you rent your residence?**

- No. Go to line 12.
- Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
  - No. Go to line 12.
  - Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (*if known*) \_\_\_\_\_

### Part 3: Report About Any Businesses You Own as a Sole Proprietor

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

### Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

**Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

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**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

<b>16. What kind of debts do you have?</b>	<b>16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</b> <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.												
<b>16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.</b> <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.													
<b>16c. State the type of debts you owe that are not consumer debts or business debts</b> <hr/>													
<b>17. Are you filing under Chapter 7?</b> <input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.  <b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b> <input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes													
<b>18. How many Creditors do you estimate that you owe?</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><input type="checkbox"/> 1-49</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> 1,000-5,000</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> 25,001-50,000</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> 50-99</td> <td style="text-align: center;"><input type="checkbox"/> 5001-10,000</td> <td style="text-align: center;"><input type="checkbox"/> 50,001-100,000</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 100-199</td> <td style="text-align: center;"><input type="checkbox"/> 10,001-25,000</td> <td style="text-align: center;"><input type="checkbox"/> More than 100,000</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 200-999</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000	<input type="checkbox"/> 200-999		
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<b>19. How much do you estimate your assets to be worth?</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><input type="checkbox"/> \$0 - \$50,000</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> \$1,000,001 - \$10 million</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> \$500,000,001 - \$1 billion</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> \$50,001 - \$100,000</td> <td style="text-align: center;"><input type="checkbox"/> \$10,000,001 - \$50 million</td> <td style="text-align: center;"><input type="checkbox"/> \$1,000,000,001 - \$10 billion</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> \$100,001 - \$500,000</td> <td style="text-align: center;"><input type="checkbox"/> \$50,000,001 - \$100 million</td> <td style="text-align: center;"><input type="checkbox"/> \$10,000,000,001 - \$50 billion</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> \$500,001 - \$1 million</td> <td style="text-align: center;"><input type="checkbox"/> \$100,000,001 - \$500 million</td> <td style="text-align: center;"><input type="checkbox"/> More than \$50 billion</td> </tr> </table>		<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion	<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion
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**Part 7: Sign Below**

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Leonard Charles Smith**

**Leonard Charles Smith**

Signature of Debtor 1

**/s/ Jessica Anne Smith**

**Jessica Anne Smith**

Signature of Debtor 2

Executed on August 29, 2017  
 MM / DD / YYYY

Executed on August 29, 2017  
 MM / DD / YYYY

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (*if known*) \_\_\_\_\_

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Mary Beth Ausbrooks**

Signature of Attorney for Debtor

Date

**August 29, 2017**

MM / DD / YYYY

**Mary Beth Ausbrooks**

Printed name

**Rothschild & Ausbrooks PLLC**

Firm name

**1222 16th Avenue South, Suite 12**

**Nashville, TN 37212-2926**

Number, Street, City, State & ZIP Code

Contact phone

**(615) 242-3996**

Email address

**notice@rothschildbkllaw.com**

Bar number & State

**Fill in this information to identify your case:**

Debtor 1	<b>Leonard Charles Smith</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jessica Anne Smith</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		MIDDLE DISTRICT OF TENNESSEE	
Case number (if known)			

Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <b>182,500.00</b>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>182,500.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>57,967.00</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>240,467.00</b>

**Part 2: Summarize Your Liabilities**

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <b>199,854.75</b>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>199,854.75</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <b>0.00</b>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>0.00</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>107,963.06</b>
		<b>Your total liabilities</b> \$ <b>307,817.81</b>

**Part 3: Summarize Your Income and Expenses**

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <b>6,177.59</b>
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>6,177.59</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <b>3,134.00</b>
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>3,134.00</b>

**Part 4: Answer These Questions for Administrative and Statistical Records**

- Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?**

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<b>5,685.39</b>
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>0.00</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>0.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <b>0.00</b>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Leonard Charles Smith</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jessica Anne Smith</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>MIDDLE DISTRICT OF TENNESSEE</b>			
Case number			<input type="checkbox"/> Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.  
 Yes. Where is the property?

1.1

#### 4788 Somerville Road

Street address, if available, or other description

Cross Plains      TN      37049-0000  
 City                State       ZIP Code

#### Robertson

County

##### What is the property? Check all that apply

- Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

**\$182,500.00**

Current value of the portion you own?

**\$182,500.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

#### Tenants by the Entireties

- Check if this is community property  
 (see instructions)

##### Who has an interest in the property? Check one

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

##### 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$182,500.00**

#### Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- No  
 Yes

3.1 Make: **Chevrolet**  
 Model: **Malibu**  
 Year: **2015**  
 Approximate mileage: **38,000**  
 Other information:  
**Joint Debtor drives this vehicle.**

**Who has an interest in the property? Check one**  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this is community property  
(see instructions)**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

**\$13,599.00** **\$13,599.00**

3.2 Make: **Hyundai**  
 Model: **Santa Fe**  
 Year: **2010**  
 Approximate mileage: **43,000**  
 Other information:  
**SURRENDER**  
**Debtor drives this vehicle.**

**Who has an interest in the property? Check one**  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this is community property  
(see instructions)**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

**\$12,960.00** **\$12,960.00**

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No  
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for  
 .pages you have attached for Part 2. Write that number here.....=> **\$26,559.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

- No  
 Yes. Describe.....

**Living Room (\$200), Dining Room (\$50), Kitchen Appliances (\$650), Small Kitchen Appliances (\$100), Washer & Dryer (\$200), 4 Bedrooms (\$600), Patio Furniture (\$100)**

**\$1,900.00**

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No  
 Yes. Describe.....

**3 TVs (\$200), Misc Electronics (\$300)**

**\$500.00**

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....**Books, Pictures, DVDs, CDs, Home Decorations****\$500.00****9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.....**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....**.22 Rifle (\$100)****\$100.00****11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....**Clothing, Shoes, Jackets****\$100.00****12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....**Wedding Set, Wedding Band, Watches, Costume Jewelry****\$1,000.00****13. Non-farm animals**

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....**6 Dogs "Oscar, Sophie, Angel, Sugar"  
2 Cats "Salem, Kelly"****\$0.00****14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....**Various Hand Tools, Drill****\$500.00****15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....****\$4,600.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
 Do not deduct secured

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- No  
 Yes.....

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- No  
 Yes.....

Institution name:

17.1. Checking	Volunteer State Bank	\$0.00
17.2. Checking	Suntrust Bank	\$0.00
17.3. Savings	Suntrust Bank	\$8.00

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- No  
 Yes.....

Institution or issuer name:

Lowe's Stock	\$800.00
--------------	----------

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- No

- Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- No

- Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- No

- Yes. List each account separately.

Type of account:

Institution name:

401(k)	Wells Fargo	\$17,000.00
Retirement	Tennessee Consolidated Retirement System Account	Unknown

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- No

- Yes.....

Institution name or individual:

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

- No  
 Yes..... Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- No  
 Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- No  
 Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- No  
 Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- No  
 Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

- No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

<b>Anticipated 2017 Tax Refund</b>	<b>Federal</b>	<b>\$9,000.00</b>
------------------------------------	----------------	-------------------

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- No  
 Yes. Give specific information.....

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No  
 Yes. Give specific information..

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- No  
 Yes. Name the insurance company of each policy and list its value.  
 Company name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_ Surrender or refund value: \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- No  
 Yes. Give specific information..

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- No  
 Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- No  
 Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- No  
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$26,808.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

- No. Go to Part 6.  
 Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
 If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

- No  
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....	\$182,500.00
56. Part 2: Total vehicles, line 5	\$26,559.00
57. Part 3: Total personal and household items, line 15	\$4,600.00
58. Part 4: Total financial assets, line 36	\$26,808.00
59. Part 5: Total business-related property, line 45	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	\$0.00
+	
62. Total personal property. Add lines 56 through 61...	\$57,967.00
	Copy personal property total
	\$57,967.00
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$240,467.00

Fill in this information to identify your case:

Debtor 1	<b>Leonard Charles Smith</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jessica Anne Smith</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>MIDDLE DISTRICT OF TENNESSEE</b>			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
<b>4788 Somerville Road Cross Plains, TN 37049 Robertson County</b> Line from <i>Schedule A/B</i> : 1.1	<b>\$182,500.00</b>	<input checked="" type="checkbox"/> <b>\$50,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Tenn. Code Ann. § 26-2-301(f)</b>
<b>2015 Chevrolet Malibu 38,000 miles Joint Debtor drives this vehicle.</b> Line from <i>Schedule A/B</i> : 3.1	<b>\$13,599.00</b>	<input checked="" type="checkbox"/> <b>\$5,692.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Tenn. Code Ann. § 26-2-103</b>
<b>Living Room (\$200), Dining Room (\$50), Kitchen Appliances (\$650), Small Kitchen Appliances (\$100), Washer &amp; Dryer (\$200), 4 Bedrooms (\$600), Patio Furniture (\$100)</b> Line from <i>Schedule A/B</i> : 6.1	<b>\$1,900.00</b>	<input checked="" type="checkbox"/> <b>\$1,900.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Tenn. Code Ann. § 26-2-103</b>
<b>3 TVs (\$200), Misc Electronics (\$300)</b> Line from <i>Schedule A/B</i> : 7.1	<b>\$500.00</b>	<input checked="" type="checkbox"/> <b>\$500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Tenn. Code Ann. § 26-2-103</b>
<b>Books, Pictures, DVDs, CDs, Home Decorations</b> Line from <i>Schedule A/B</i> : 8.1	<b>\$500.00</b>	<input checked="" type="checkbox"/> <b>\$500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Tenn. Code Ann. § 26-2-103</b>

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
.22 Rifle (\$100) Line from <i>Schedule A/B:</i> 10.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
Clothing, Shoes, Jackets Line from <i>Schedule A/B:</i> 11.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-104
Wedding Set, Wedding Band, Watches, Costume Jewelry Line from <i>Schedule A/B:</i> 12.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
Various Hand Tools, Drill Line from <i>Schedule A/B:</i> 14.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
Savings: Suntrust Bank Line from <i>Schedule A/B:</i> 17.3	\$8.00	<input checked="" type="checkbox"/> \$8.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
Lowe's Stock Line from <i>Schedule A/B:</i> 18.1	\$800.00	<input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103
401(k): Wells Fargo Line from <i>Schedule A/B:</i> 21.1	\$17,000.00	<input checked="" type="checkbox"/> \$17,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-111(1)(D)
Retirement: Tennessee Consolidated Retirement System Account Line from <i>Schedule A/B:</i> 21.2	Unknown	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 8-36-111
Federal: Anticipated 2017 Tax Refund Line from <i>Schedule A/B:</i> 28.1	\$9,000.00	<input checked="" type="checkbox"/> \$9,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tenn. Code Ann. § 26-2-103

## 3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

Debtor 1	<b>Leonard Charles Smith</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jessica Anne Smith</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF TENNESSEE		
Case number (if known)			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	<b>FMAC</b> Creditor's Name	\$1,833.18	\$1,833.18	\$0.00

**Attn: Officer Manager or Agent**  
**55 Mooreland Drive**  
**Springfield, TN 37172**

Number, Street, City, State & Zip Code

#### Describe the property that secures the claim:

**Personal computer with monitor and printer; laptop; rifle; Craftsman riding mower; television; DVD player; digital camera; Xbox 360;**

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) **Non-Purchase Money Security**

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number **XXXX**

2.2	<b>Inland Bank</b> Creditor's Name	Describe the property that secures the claim: <b>2010 Hyundai Santa Fe 43,000 miles SURRENDER</b>	\$15,233.28	\$12,960.00	\$2,273.28
-----	---------------------------------------	--	-------------	-------------	------------

**% Susan Faulkner**  
**736 Currey Road**  
**Nashville, TN 37217**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Debtor 1	<b>Leonard Charles Smith</b>	Case number (if known)			
	First Name	Middle Name	Last Name		
Debtor 2	<b>Jessica Anne Smith</b>				
	First Name	Middle Name	Last Name		

2.3	<b>Santander Consumer Bankruptcy Dept</b> Creditor's Name  <b>Attn: Officer Manager or Agent PO Box 560284 Dallas, TX 75356-0284</b> Number, Street, City, State & Zip Code	Describe the property that secures the claim:  <b>2015 Chevrolet Malibu 38,000 miles Joint Debtor drives this vehicle.</b>	\$19,565.23	\$13,599.00	\$0.00
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input checked="" type="checkbox"/> Other (including a right to offset) <b>Purchase Money Security</b></p>					

Date debt was incurred 01/10/2015 Last 4 digits of account number 6222

2.4	<b>US Bank Home Mortgage</b> Creditor's Name  <b>Attn: Officer PO Box 21948 Eagan, MN 55121</b> Number, Street, City, State & Zip Code	Describe the property that secures the claim:  <b>4788 Somerville Road Cross Plains, TN 37049 Robertson County</b>	\$163,223.06	\$182,500.00	\$0.00
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input checked="" type="checkbox"/> Other (including a right to offset) <b>Mortgage</b></p>					

Date debt was incurred 0726 Last 4 digits of account number 0726

Add the dollar value of your entries in Column A on this page. Write that number here:  
If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here:

\$199,854.75
\$199,854.75

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name, Number, Street, City, State & Zip Code  
**Insolve Auto Funding, LLC**  
**Attn: Officer Manager or Agent**  
**Dept 3403 P.O. Box 123403**  
**Dallas, TX 75312**

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number \_\_\_\_\_

Debtor 1 **Leonard Charles Smith**  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Debtor 2 **Jessica Anne Smith**  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Name, Number, Street, City, State & Zip Code  
**J. Phillip Jones, Esq.**  
**Suite C-205, Nashville House**  
**One Vantage Way**  
**Nashville, TN 37228**

On which line in Part 1 did you enter the creditor? 2.4

Last 4 digits of account number \_\_\_\_\_

Name, Number, Street, City, State & Zip Code  
**US Bank**  
**Attn: Officer**  
**4801 Frederica Street**  
**Owensboro, KY 42301**

On which line in Part 1 did you enter the creditor? 2.4

Last 4 digits of account number \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Leonard Charles Smith</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jessica Anne Smith</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF TENNESSEE		
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<b>Accounts Receivable Mgmt Svcs</b> Nonpriority Creditor's Name <b>Attn: Officer Manager or Agent</b> <b>PO Box 638</b> <b>Paris, TN 38242-0638</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Notice Only</b> _____

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

<b>4.2</b>	<b>Advance America</b> Nonpriority Creditor's Name <b>Attn: Officer Manager or Agent</b> <b>2012 Memorial Blvd #H</b> <b>Springfield, TN 37172</b> Number Street City State Zip Code	Last 4 digits of account number _____ <b>\$500.00</b>  When was the debt incurred? _____
<b>As of the date you file, the claim is:</b> Check all that apply		
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____  <input type="checkbox"/> Yes		
<b>4.3</b>		
<b>Advance Financial</b> Nonpriority Creditor's Name <b>Attn Officer Manager or Agent</b> <b>1901 Church St</b> <b>Nashville, TN 37203</b> Number Street City State Zip Code		
Last 4 digits of account number _____ <b>\$2,212.00</b>  When was the debt incurred? _____		
<b>As of the date you file, the claim is:</b> Check all that apply		
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____  <input type="checkbox"/> Yes		
<b>4.4</b>		
<b>Air Affiliates Inc</b> Nonpriority Creditor's Name <b>Attn: Officer Manager or Agent</b> <b>2100 Park Plaza Drive</b> <b>Springfield, TN 37172</b> Number Street City State Zip Code		
Last 4 digits of account number _____ <b>\$215.34</b>  When was the debt incurred? _____		
<b>As of the date you file, the claim is:</b> Check all that apply		
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____  <input type="checkbox"/> Yes		

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

<b>4.5</b>	<b>Armand Law Group</b> Nonpriority Creditor's Name <b>Attn: Officer Manager or Agent</b> <b>8668 Spring Mountain Rd Ste 101</b> <b>Las Vegas, NV 89117</b> Number Street City State Zip Code	Last 4 digits of account number _____ <b>\$455.57</b>  When was the debt incurred? _____
<b>As of the date you file, the claim is:</b> Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Re: Aargon Agency</u> <input type="checkbox"/> Yes		
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		

<b>4.6</b>	<b>AT&amp;T Bankruptcy Dept</b> Nonpriority Creditor's Name <b>Attn: Officer Manager or Agent</b> <b>PO Box 769</b> <b>Arlington, TX 76004</b> Number Street City State Zip Code	Last 4 digits of account number _____ <b>\$8,379.48</b>  When was the debt incurred? _____
<b>As of the date you file, the claim is:</b> Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes		
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		

<b>4.7</b>	<b>Benchmark Physical Therapy</b> Nonpriority Creditor's Name <b>Attn: Officer Manager or Agent</b> <b>Dept 888530</b> <b>Knoxville, TN 37995</b> Number Street City State Zip Code	Last 4 digits of account number _____ <b>\$157.50</b>  When was the debt incurred? _____
<b>As of the date you file, the claim is:</b> Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes		
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

4.8

**C. Robert Hedges**

Nonpriority Creditor's Name

**Attn: Officer Manager or Agent  
 157 West Fifth Street  
 Russellville, KY 42276**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
  - Debtor 2 only
  - Debtor 1 and Debtor 2 only
  - At least one of the debtors and another
  - Check if this claim is for a community debt
- Is the claim subject to offset?
- No
  - Yes

Last 4 digits of account number

**V354****\$1,485.78**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Re: Northcrest Medical Center**

4.9

**Care Credit/SYNCB**

Nonpriority Creditor's Name

**Attn: Officer  
 PO Box 965036  
 Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
  - Debtor 2 only
  - Debtor 1 and Debtor 2 only
  - At least one of the debtors and another
  - Check if this claim is for a community debt
- Is the claim subject to offset?
- No
  - Yes

Last 4 digits of account number

**\$1,362.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify \_\_\_\_\_

4.1  
0**Cash Express**

Nonpriority Creditor's Name

**Attn: Officer Manager or Agent  
 1602 Memorial Blvd  
 Springfield, TN 37172**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
  - Debtor 2 only
  - Debtor 1 and Debtor 2 only
  - At least one of the debtors and another
  - Check if this claim is for a community debt
- Is the claim subject to offset?
- No
  - Yes

Last 4 digits of account number

**\$747.50**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify \_\_\_\_\_

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

<b>4.1 1</b>	<p><b>Check Into Cash</b>            Nonpriority Creditor's Name  <b>Attn: Officer Manager or Agent</b>  <b>2554 Memorial Blvd</b>  <b>Springfield, TN 37172</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$488.75</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Loan</u></p>
<b>4.1 2</b>	<p><b>Collection Bureau - FWB</b>            Nonpriority Creditor's Name  <b>Attn: Officer Manager or Agent</b>  <b>PO Box 4127</b>  <b>Fort Walton Beach, FL 32549-4127</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$1,081.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Re: Caleb Creek ER Physicians</u></p>
<b>4.1 3</b>	<p><b>Credit Bureau Systems Inc</b>            Nonpriority Creditor's Name  <b>Attn: Officer Manager or Agent</b>  <b>121 W Dunbar Rd</b>  <b>Clarksville, TN 37040</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$349.74</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Re: Northcrest Physician Services</u></p>

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

<b>4.1</b> <b>4</b> <b>Credit Bureau Systems Inc</b> <small>Nonpriority Creditor's Name</small> <b>Attn: Officer Manager or Agent</b> <b>121 W Dunbar Rd</b> <b>Clarksville, TN 37040</b> <small>Number Street City State Zip Code</small> <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<small>Last 4 digits of account number</small> _____ <b>\$1,590.00</b> <small>When was the debt incurred?</small> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Re: Northcrest Medical Center</b> _____
<b>4.1</b> <b>5</b> <b>Credit Collection Services</b> <small>Nonpriority Creditor's Name</small> <b>Attn: Officer Manager or Agent</b> <b>PO Box 9134</b> <b>Needham Heights, MA 02494-9134</b> <small>Number Street City State Zip Code</small> <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<small>Last 4 digits of account number</small> _____ <b>\$1,238.00</b> <small>When was the debt incurred?</small> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Re: Quest Diagnostics Inc</b> _____
<b>4.1</b> <b>6</b> <b>Credit Collection Services</b> <small>Nonpriority Creditor's Name</small> <b>Attn: Officer Manager or Agent</b> <b>PO Box 9134</b> <b>Needham Heights, MA 02494-9134</b> <small>Number Street City State Zip Code</small> <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<small>Last 4 digits of account number</small> _____ <b>\$203.00</b> <small>When was the debt incurred?</small> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Re: Progressive Insurance Company</b> _____

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

<b>4.1 7</b> <hr/> <b>DJO LLC</b> Nonpriority Creditor's Name <b>Attn: Officer Manager or Agent</b> <b>PO Box 515471</b> <b>Los Angeles, CA 90051-6771</b> Number Street City State Zip Code	<b>Last 4 digits of account number</b> _____ <b>\$453.62</b> <b>When was the debt incurred?</b> _____
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
<hr/> <b>4.1 8</b> <hr/> <b>DJO LLC</b> Nonpriority Creditor's Name <b>Attn: Officer Manager or Agent</b> <b>PO Box 660117</b> <b>Dallas, TX 75266</b> Number Street City State Zip Code	
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
<hr/> <b>4.1 9</b> <hr/> <b>Fingerhut/WebBank</b> Nonpriority Creditor's Name <b>Attn: Officer</b> <b>6250 Ridgewood Road</b> <b>Saint Cloud, MN 56303</b> Number Street City State Zip Code	
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

4.2 0	<b>First Premier Bank</b> Nonpriority Creditor's Name <b>Attn: Officer</b> <b>3820 N Louise Ave</b> <b>Sioux Falls, SD 57107-0145</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$0.00</b> <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Notice Only</b> _____
4.2 1	<b>FMAC</b> Nonpriority Creditor's Name <b>Attn: Officer Manager or Agent</b> <b>55 Mooreland Drive</b> <b>Springfield, TN 37172</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$1,101.67</b> <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
4.2 2	<b>Fox Collection Center</b> Nonpriority Creditor's Name <b>Attn: Officer Manager or Agent</b> <b>PO Box 528</b> <b>Goodlettsville, TN 37070-0528</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$42.38</b> <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Re: Radiology Alliance</b> _____

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

<b>4.2 3</b>	<p><b>Fox Collection Center</b>            Nonpriority Creditor's Name  <b>Attn: Officer Manager or Agent</b>  <b>PO Box 528</b>  <b>Goodlettsville, TN 37070-0528</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$38.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
<b>4.2 4</b>	<p><b>Fox Collection Center</b>            Nonpriority Creditor's Name  <b>Attn: Officer Manager or Agent</b>  <b>PO Box 528</b>  <b>Goodlettsville, TN 37070-0528</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$43.71</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
<b>4.2 5</b>	<p><b>Labcorp</b>            Nonpriority Creditor's Name  <b>% LCA Collections</b>  <b>PO Box 2240</b>  <b>Burlington, NC 27216-2240</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$500.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical</b> _____</p>

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

<div style="border: 1px solid black; padding: 2px;">4.2 6</div> <p><b>Leonard Smith Jr Estate</b>    Nonpriority Creditor's Name  <b>c/o Millie Jane Brandenburg</b>  <b>PO Box 246</b>  <b>Arjay, KY 40902</b>    Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$500.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify _____</p>
<div style="border: 1px solid black; padding: 2px;">4.2 7</div> <p><b>MaxLend</b>    Nonpriority Creditor's Name  <b>Attn: Officer Manager or Agent</b>  <b>PO Box 639</b>  <b>Parshall, ND 58770</b>    Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$1,000.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify _____</p>
<div style="border: 1px solid black; padding: 2px;">4.2 8</div> <p><b>Midland Funding LLC</b>    Nonpriority Creditor's Name  <b>Attn: Officer Manager or Agent</b>  <b>8875 Aero Drive #200</b>  <b>San Diego, CA 92123</b>    Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$186.76</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Re: Bluestem Brands, Inc</b> _____</p>

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

4.2 9	<p><b>MRS Associates Inc</b>        Nonpriority Creditor's Name  <b>Attn: Officer Manager or Agent</b>  <b>1930 Olney Ave</b>  <b>Cherry Hill, NJ 08003</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Re: Paypal</b> _____</p>	<b>\$382.51</b>
4.3 0	<p><b>National Credit Adjusters</b>        Nonpriority Creditor's Name  <b>Attn: Officer Manager or Agent</b>  <b>PO Box 3023</b>  <b>Hutchinson, KS 67504-3023</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Re: Plain Green</b> _____</p>	<b>\$1,859.33</b>
4.3 1	<p><b>National Service Bureau</b>        Nonpriority Creditor's Name  <b>Attn Officer Manager or Agent</b>  <b>18912 North Creek Pkwy, Ste 205</b>  <b>Bothell, WA 98011</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Re: State Farm Insurance Co</b> _____</p>	<b>\$2,628.52</b>

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

4.3  
2**Nationwide Recovery Service**

Nonpriority Creditor's Name

**Attn: Officer Manager or Agent**  
**545 W Inman Street**  
**Cleveland, TN 37311**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number \_\_\_\_\_

\$86.19

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Re: Select Physical Therapy

4.3  
3**Navient**

Nonpriority Creditor's Name

**Attn: Officer Manager or Agent**  
**PO Box 9500**  
**Wilkes Barre, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number \_\_\_\_\_

\$19,563.84

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify \_\_\_\_\_

4.3  
4**Neurosurgical Associates**

Nonpriority Creditor's Name

**Attn: Officer Manager or Agent**  
**PO Box 210127**  
**Nashville, TN 37221-0127**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number \_\_\_\_\_

\$50.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify \_\_\_\_\_

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

4.3 5	<p><b>Northcrest Medical Center</b>            Nonpriority Creditor's Name  <b>Attn: Officer Manager or Agent</b>  <b>100 Northcrest Dr</b>  <b>Springfield, TN 37172-2984</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$4,745.54</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
4.3 6	<p><b>Northcrest Medical Center</b>            Nonpriority Creditor's Name  <b>Attn: Officer Manager or Agent</b>  <b>100 Northcrest Dr</b>  <b>Springfield, TN 37172-2984</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$2,218.83</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical</b> _____</p>
4.3 7	<p><b>Northcrest Physician Services</b>            Nonpriority Creditor's Name  <b>Attn: Officer Manager or Agent</b>  <b>PO Box 969</b>  <b>Springfield, TN 37172-0969</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$485.13</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

<div style="border: 1px solid black; padding: 2px;">4.3 8</div> <p><b>Novasom</b>            Nonpriority Creditor's Name  <b>Attn: Officer Manager or Agent</b>  <b>PO Box 101928 Dept 2491</b>  <b>Birmingham, AL 35210</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$223.08</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify _____</p>
<div style="border: 1px solid black; padding: 2px;">4.3 9</div> <p><b>Pioneer/Mac Inc</b>            Nonpriority Creditor's Name  <b>Attn: Officer Manager or Agent</b>  <b>4000 South Eastern Ste 300</b>  <b>Las Vegas, NV 89119</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number _____ <b>\$14,275.97</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify _____</p>	
<div style="border: 1px solid black; padding: 2px;">4.4 0</div> <p><b>Plain Green Loans/Account Svcs</b>            Nonpriority Creditor's Name  <b>Attn: Officer Manager or Agent</b>  <b>PO Box 270</b>  <b>Box Elder, MT 59521</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number _____ <b>\$1,078.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify _____</p>	

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

4.4  
1**Plaza Services**

Nonpriority Creditor's Name

**Attn: Officer Manager or Agent**  
**110 Hammond Drive STE 110**  
**Atlanta, GA 30328**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number \_\_\_\_\_

\$0.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Notice Only** \_\_\_\_\_

4.4  
2**Quantum Servicing Corp**

Nonpriority Creditor's Name

**Attn: Officer, Manager or Agent**  
**PO Box 788**  
**Kirkland, WA 98083-0788**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number \_\_\_\_\_

\$500.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify \_\_\_\_\_

4.4  
3**Quest Diagnostics**

Nonpriority Creditor's Name

**Attn: Officer Manager or Agent**  
**PO Box 740777**  
**Cincinnati, OH 45274-0777**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number \_\_\_\_\_

\$500.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Medical** \_\_\_\_\_

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

4.4  
4**Ramesh Chadalavada MD**

Nonpriority Creditor's Name

**Attn: Officer Manager or Agent**  
**221 Northcrest Drive**  
**Springfield, TN 37172**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number \_\_\_\_\_

\$80.84

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify \_\_\_\_\_

4.4  
5**Reviver Financial, LLC**

Nonpriority Creditor's Name

**Attn: Officer Manager or Agent**  
**PO Box 3023**  
**Hutchinson, KS 67504**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number \_\_\_\_\_

\$230.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify \_\_\_\_\_

4.4  
6**Reviver Financial, LLC**

Nonpriority Creditor's Name

**Attn: Officer Manager or Agent**  
**PO Box 3023**  
**Hutchinson, KS 67504**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number \_\_\_\_\_

\$1,235.49

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify \_\_\_\_\_

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

4.4  
7**Robertson Co General Sess Ct**

Nonpriority Creditor's Name

**Attn: Officer Manager or Agent**  
**529 S Brown St**  
**Springfield, TN 37172**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number \_\_\_\_\_

\$0.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify 2014CV354

4.4  
8**Southern Radiology Associates**

Nonpriority Creditor's Name

**Attn: Officer Manager or Agent**  
**PO Box 1376**  
**Columbia, TN 38402-1376**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number \_\_\_\_\_

\$130.08

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify \_\_\_\_\_

4.4  
9**Speedy Cash**

Nonpriority Creditor's Name

**Attn: Officer Manager or Agent**  
**8400 E 32nd St N**  
**Wichita, KS 67226**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number \_\_\_\_\_

\$1,000.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

## Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify \_\_\_\_\_

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

4.5 0	<p><b>Surgical Alliance Middle TN</b>            Nonpriority Creditor's Name  <b>Attn: Officer Manager or Agent</b>  <b>PO Box 440353</b>  <b>Nashville, TN 37244-0353</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$813.65</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
4.5 1	<p><b>Tennessee Orthopaedic Alliance</b>            Nonpriority Creditor's Name  <b>PO Box 105132</b>  <b>Atlanta, GA 30348-5132</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$45.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
4.5 2	<p><b>Tennessee Quick Cash</b>            Nonpriority Creditor's Name  <b>Attn: Officer Manager or Agent</b>  <b>904 Memorial Blvd</b>  <b>Springfield, TN 37172</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$1,442.32</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

<div style="border: 1px solid black; padding: 2px;">4.5 3</div>	<p><b>Tennessee Student Assistance Corp</b>      Nonpriority Creditor's Name  <b>c/o TN Atty General, BK Unit</b>  <b>P O Box 20207</b>  <b>Nashville, TN 37202-0207</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$6,421.93</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify _____</p>
<div style="border: 1px solid black; padding: 2px;">4.5 4</div>	<p><b>Transworld Systems Inc</b>      Nonpriority Creditor's Name  <b>Attn: Officer Manager or Agent</b>  <b>507 Prudential Road</b>  <b>Horsham, PA 19044</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$20.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Re: Minuteclinic of TN</b></p>
<div style="border: 1px solid black; padding: 2px;">4.5 5</div>	<p><b>US Attorney General</b>      Nonpriority Creditor's Name  <b>US Department of Justice</b>  <b>950 Pennsylvania Avenue</b>  <b>Washington, DC 20530</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$0.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Notice Only</b></p>

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

4.5  
6**USA Funds**

Nonpriority Creditor's Name

**Attn: Officer Manager or Agent**  
**PO Box 9460**  
**Wilkes Barre, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number \_\_\_\_\_

\$17,897.45

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify \_\_\_\_\_

4.5  
7**Verizon Wireless**

Nonpriority Creditor's Name

**Attn: Officer Manager or Agent**  
**PO Box 105378**  
**Atlanta, GA 30348**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number \_\_\_\_\_

\$4,076.90

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify \_\_\_\_\_

4.5  
8**Volunteer State Bank**

Nonpriority Creditor's Name

**Attn: Officer**  
**101 Hwy 52 W**  
**Portland, TN 37148**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**
- Is the claim subject to offset?
  - No
  - Yes

Last 4 digits of account number \_\_\_\_\_

\$1,403.97

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**13.7 LLC**  
**Attn: Officer Manager or Agent**  
**P.O. Box 1931**  
**Burlingame, CA 94011**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Accounts Receivable Mgmt Svcs**  
**Attn: Officer Manager or Agent**  
**PO Box 638**  
**Paris, TN 38242-0638**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**American Infosource LP**  
**Attn: Officer Manager or Agent**  
**PO Box 248838**  
**Oklahoma City, OK 73124**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.57** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**American Infosource LP**  
**Attn: Officer Manager or Agent**  
**4515 N Santa Fe Ave**  
**Oklahoma City, OK 73118**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Cash Express LLC**  
**Attn: Officer Manager or Agent**  
**345 S Jefferson Ave Ste 300**  
**Cookeville, TN 38501**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Credit Bureau Systems Inc**  
**Attn: Officer Manager or Agent**  
**121 W Dunbar Rd**  
**Clarksville, TN 37040**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Credit Bureau Systems Inc**  
**Attn: Officer Manager or Agent**  
**PO Box 482**  
**Clarksville, TN 37040-0482**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Credit Business SVCS**  
**Attn: Officer Manager or Agent**  
**PO Box 4127**  
**Fort Walton Beach, FL 32549**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**ECMC**  
**Attn: Officer Manager or Agent**  
**PO Box 16408**  
**Saint Paul, MN 55116-0408**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Fox Collection Center**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):  Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

**■ Part 2: Creditors with Nonpriority Unsecured Claims**

**Attn: Officer Manager or Agent  
 PO Box 528  
 Goodlettsville, TN 37070-0528**

Last 4 digits of account number

Name and Address  
**Midland Funding LLC**  
**Attn: Officer Manager or Agent**  
**8875 Aero Drive #200**  
**San Diego, CA 92123**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Midland Funding LLC**  
**Attn Officer Manager or Agent**  
**PO Box 2011**  
**Warren, MI 48090**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**MSCB Inc**  
**Attn: Officer Manager or Agent**  
**PO Box 1567**  
**Paris, TN 38242-1567**

Last 4 digits of account number

Name and Address  
**Northcrest Medical Center**  
**Attn: Officer Manager or Agent**  
**PO Box 305172 Dept 97**  
**Nashville, TN 37230**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Northcrest Medical Center**  
**Attn: Officer Manager or Agent**  
**P.O. Box 305172 Dept 97**  
**Nashville, TN 37230**

Last 4 digits of account number

Name and Address  
**Optima Recovery Services**  
**Attn: Officer Manager or Agent**  
**PO Box 52968**  
**Knoxville, TN 37950-2968**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.50** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Quantum3 Group**  
**Attn: Officer Manager or Agent**  
**PO Box 788**  
**Kirkland, WA 98083**

Last 4 digits of account number

Name and Address  
**Robert Hedges**  
**Attn: Officer Manager or Agent**  
**P.O. Box 335**  
**Russellville, KY 42276**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**TN Quick Cash**  
**Attn: Officer Manager or Agent**  
**6326 Charlotte Pike**  
**Nashville, TN 37209**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**TN Quick Cash**  
**Attn: Officer Manager or Agent**  
**6326 Charlotte Pike**  
**Nashville, TN 37209**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.52** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Official Form 106 E/F

**Schedule E/F: Creditors Who Have Unsecured Claims****Page 22 of 23**

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Best Case Bankruptcy

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

**US Attorney General  
 US Department of Justice  
 950 Pennsylvania Avenue  
 Washington, DC 20530**

Line **4.33** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a. \$ <b>0.00</b>	<b>Total Claim</b>
	6b. Taxes and certain other debts you owe the government	6b. \$ <b>0.00</b>	
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <b>0.00</b>	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <b>0.00</b>	
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ <b>0.00</b>	<b>Total Claim</b>
Total claims from Part 2	6f. Student loans	6f. \$ <b>0.00</b>	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <b>0.00</b>	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <b>0.00</b>	
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <b>107,963.06</b>	
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ <b>107,963.06</b>	<b>Total Claim</b>

Fill in this information to identify your case:

Debtor 1	<b>Leonard Charles Smith</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jessica Anne Smith</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF TENNESSEE		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Name	
Number Street	
City State ZIP Code	
2.2 Name	
Number Street	
City State ZIP Code	
2.3 Name	
Number Street	
City State ZIP Code	
2.4 Name	
Number Street	
City State ZIP Code	
2.5 Name	
Number Street	
City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	<b>Leonard Charles Smith</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jessica Anne Smith</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF TENNESSEE		
Case number (if known)			

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**  
Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:

3.1   **Erica Horton**  
      858 Pebble Brook Drive  
      Ashland City, TN 37015

- Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.39  
 Schedule G \_\_\_\_\_  
**Pioneer/Mac Inc**

Fill in this information to identify your case:

Debtor 1	<u>Leonard Charles Smith</u>
Debtor 2 (Spouse, if filing)	<u>Jessica Anne Smith</u>
United States Bankruptcy Court for the:	<u>MIDDLE DISTRICT OF TENNESSEE</u>
Case number (if known)	_____

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

	Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
Include part-time, seasonal, or self-employed work.	<u>Department Manager</u>	<u>Disabled</u>
Occupation may include student or homemaker, if it applies.	<u>Lowe's Home Center LLC</u>	
	<u>Attn: Payroll 1605 Curtis Bridge Road Wilkesboro, NC 28697</u>	

How long employed there? 12 Years

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>3,094.39</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>3,094.39</u>	\$ <u>0.00</u>

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

Copy line 4 here .....	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
4. _____	<b>\$ 3,094.39</b>	<b>\$ 0.00</b>
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>364.11</b>	\$ <b>0.00</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>146.77</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>654.12</b>	\$ <b>0.00</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify: _____	5h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>1,165.00</b>	\$ <b>0.00</b>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <b>1,929.39</b>	\$ <b>0.00</b>

## 8. List all other income regularly received:

- 8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ <b>0.00</b>	\$ <b>0.00</b>
--------------------	----------------

## 8b. Interest and dividends

## 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ <b>0.00</b>	\$ <b>0.00</b>
--------------------	----------------

## 8d. Unemployment compensation

## 8e. Social Security

8d. \$ <b>0.00</b>	\$ <b>0.00</b>
--------------------	----------------

8e. \$ <b>0.00</b>	\$ <b>0.00</b>
--------------------	----------------

## 8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: Adoption Assistance

8f. \$ <b>1,513.20</b>	\$ <b>0.00</b>
------------------------	----------------

**Social Security Disability for the Children**

\$ <b>0.00</b>	\$ <b>1,366.00</b>
----------------	--------------------

**Disability Retirement**

\$ <b>0.00</b>	\$ <b>837.00</b>
----------------	------------------

**LTD**

\$ <b>0.00</b>	\$ <b>532.00</b>
----------------	------------------

## 8g. Pension or retirement income

8g. \$ <b>0.00</b>	\$ <b>0.00</b>
--------------------	----------------

## 8h. Other monthly income. Specify: \_\_\_\_\_

8h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
---------------------	------------------

## 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9. \$ <b>1,513.20</b>	\$ <b>2,735.00</b>
-----------------------	--------------------

## 10. Calculate monthly income. Add line 7 + line 9.

10. \$ <b>3,442.59</b>	+ \$ <b>2,735.00</b>	= \$ <b>6,177.59</b>
------------------------	----------------------	----------------------

## 11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: \_\_\_\_\_ 11. +\$ **0.00**

## 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12. \$ <b>6,177.59</b>
------------------------

Combined monthly income

## 13. Do you expect an increase or decrease within the year after you file this form?

- No.  
 Yes. Explain: **Debtor received a reduction in income in March, 2017, due to his position at Lowe's being eliminated.**

Fill in this information to identify your case:

Debtor 1	<b>Leonard Charles Smith</b>
Debtor 2 (Spouse, if filing)	<b>Jessica Anne Smith</b>
United States Bankruptcy Court for the:	<b>MIDDLE DISTRICT OF TENNESSEE</b>
Case number (If known)	_____

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes. Fill out this information for  
each dependent.....

Do not state the  
dependents names.

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

**Son**

**13**

No

Yes

No

Yes

No

Yes

No

Yes

**Daughter**

**16**

No

Yes

No

Yes

No

Yes

**Son - Special Needs**

**23**

No

Yes

No

Yes

No

Yes

**Debtor's disabled mom**

**58**

No

Yes

##### 3. Do your expenses include expenses of people other than yourself and your dependents?

- No  
 Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **0.00**

#### Your expenses

##### If not included in line 4:

- 4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues  
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ **0.00**

4b. \$ **0.00**

4c. \$ **100.00**

4d. \$ **0.00**

5. \$ **0.00**

Debtor 1 **Leonard Charles Smith**  
Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

6. <b>Utilities:</b>	6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: _____	6a. \$ <u>300.00</u> 6b. \$ <u>135.00</u> 6c. \$ <u>139.00</u> 6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>1,100.00</u>	
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>	
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>115.00</u>	
10. <b>Personal care products and services</b>	10. \$ <u>150.00</u>	
11. <b>Medical and dental expenses</b>	11. \$ <u>500.00</u>	
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>320.00</u>	
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>50.00</u>	
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>	
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: _____	15a. \$ <u>0.00</u> 15b. \$ <u>0.00</u> 15c. \$ <u>125.00</u> 15d. \$ <u>0.00</u>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. <b>Installment or lease payments:</b>	17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: _____ 17d. Other. Specify: _____	17a. \$ <u>0.00</u> 17b. \$ <u>0.00</u> 17c. \$ <u>0.00</u> 17d. \$ <u>0.00</u>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>	
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <u>0.00</u>	
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues	20a. \$ <u>0.00</u> 20b. \$ <u>0.00</u> 20c. \$ <u>0.00</u> 20d. \$ <u>0.00</u> 20e. \$ <u>0.00</u>
21. <b>Other:</b> Specify: <u>Pet Expenses</u>	21. +\$ <u>100.00</u>	
22. <b>Calculate your monthly expenses</b>	22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>3,134.00</u> \$ <u>3,134.00</u>
23. <b>Calculate your monthly net income.</b>	23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I. 23b. Copy your monthly expenses from line 22c above.	23a. \$ <u>6,177.59</u> 23b. -\$ <u>3,134.00</u>
	23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	\$ <u>3,043.59</u>
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b>	For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: <b>Joint Debtor's father receives \$1,200.00 per month in social security benefits which he uses to cover his medical expenses. He does not contribute to the household.</b>	

**Fill in this information to identify your case:**

Debtor 1	<b>Leonard Charles Smith</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jessica Anne Smith</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF TENNESSEE		
Case number (if known)			

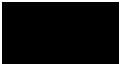
Check if this is an amended filing

**Official Form 106Dec****Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Leonard Charles Smith

**Leonard Charles Smith**

Signature of Debtor 1

Date August 29, 2017

X /s/ Jessica Anne Smith

**Jessica Anne Smith**

Signature of Debtor 2

Date August 29, 2017

**Fill in this information to identify your case:**

Debtor 1	<b>Leonard Charles Smith</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jessica Anne Smith</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF TENNESSEE		
Case number (if known)			

Check if this is an amended filing

**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- Married  
 Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**Debtor 1 Prior Address:****Dates Debtor 1  
lived there****Debtor 2 Prior Address:****Dates Debtor 2  
lived there****3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)**

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

**Part 2 Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No  
 Yes. Fill in the details.

	<b>Debtor 1</b>		<b>Debtor 2</b>	
From January 1 of current year until the date you filed for bankruptcy:	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$23,038.81	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

	<b>Debtor 1</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>For last calendar year:</b> <b>(January 1 to December 31, 2016 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$42,000.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$15,000.00</b>
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2015 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$40,130.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$31,848.00</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No  
 Yes. Fill in the details.

	<b>Debtor 1</b> <b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<b>Social Security Incomes, Adoption Assistance</b>	<b>\$25,930.46</b>		
<b>For last calendar year:</b> <b>(January 1 to December 31, 2016 )</b>	<b>Social Security Incomes, Adoption Assistance</b>	<b>\$38,895.68</b>		
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2015 )</b>	<b>Social Security Incomes, Adoption Assistance</b>	<b>\$35,155.68</b>		

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
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**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
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**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
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**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

No

Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

No

Yes

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known) \_\_\_\_\_

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
<b>Person to Whom You Gave the Gift and Address:</b>			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Charity's Name	Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
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**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.			

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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Address

Email or website address

Person Who Made the Payment, if Not You

Allen's Credit & Debt Counseling

Agency

20003 387th Avenue

Wolsey, SD 57384

Debtor

Credit Counseling Certificate

2/5/2017

\$20.00

Rothschild & Ausbrooks PLLC 1222 16th Avenue South, Suite 12 Nashville, TN 37212-2926 notice@rothschildbkllaw.com Debtors	Attorney Fees	Through Previous Ch. 13 15-07983	\$4,008.00
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Allen's Credit & Debt Counseling Agency 20003 387th Avenue Wolsey, SD 57384 Debtor	Credit Counseling Certificate	8/28/2017	\$20.00
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Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (if known)

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Rothschild & Ausbrooks, PLLC 1222 16th Avenue S Ste 12 Nashville, TN 37212-2926 Debtor via Chapter 13 Trustee	Attorney Fees	Through prior Chapter 13 17-00757	\$3,070.26

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
 Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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#### Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (*if known*)

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

- No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

- No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

- No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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**25. Have you notified any governmental unit of any release of hazardous material?**

- No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- No  
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)

Debtor 1 **Leonard Charles Smith**  
 Debtor 2 **Jessica Anne Smith**

Case number (*if known*) \_\_\_\_\_

- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation
- No. None of the above applies. Go to Part 12.
- Yes. Check all that apply above and fill in the details below for each business.

Business Name  
 Address  
 (Number, Street, City, State and ZIP Code)

Describe the nature of the business  
 Name of accountant or bookkeeper

Employer Identification number  
 Do not include Social Security number or ITIN.  
 Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
- Yes. Fill in the details below.

Name  
 Address  
 (Number, Street, City, State and ZIP Code)

Date Issued

#### Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Leonard Charles Smith  
 Leonard Charles Smith  
 Signature of Debtor 1

/s/ Jessica Anne Smith  
 Jessica Anne Smith  
 Signature of Debtor 2

Date August 29, 2017

Date August 29, 2017

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
- Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
- Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

## You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### Chapter 7: Liquidation

\$245	filings fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and  
certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;  
fraud or defalcation while acting in breach of fiduciary capacity;  
intentional injuries that you inflicted; and  
death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

## Chapter 11: Reorganization

\$1,167	filing fee
+ \$550	administrative fee
<hr/>	
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

**Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.**

**Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.**

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+ \$75	administrative fee
\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+ \$75	administrative fee
\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court**  
**Middle District of Tennessee**

In re **Leonard Charles Smith**  
**Jessica Anne Smith**

Debtor(s)

Case No.

Chapter

**13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <b>4,000.00</b>
Prior to the filing of this statement I have received .....	\$ <b>0.00</b>
Balance Due .....	\$ <b>4,000.00</b>

2. The source of the compensation paid to me was:

Debtor       Other (specify):

3. The source of compensation to be paid to me is:

Debtor       Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. [Other provisions as needed]

**For the agreed upon fee, Rothschild & Ausbrooks, PLLC has agreed to perform all regular and routine services to be rendered in this Chapter 13/7 proceeding, which include but are not limited to advice rendered to the debtor before and during the pendency of the case concerning the nature and effect of Chapter 13/7 bankruptcy, preparation and filing of statements and schedules, attendance at the meeting of creditors and confirmation hearing, preparation of defense in the event of a motion for relief from stay, preparation of motions by debtor to amend the plan, add creditors, or suspend payments, and preparation and filing of discharge documents. Other services such as dealing with creditors during the life of the plan, submitting requests for payment reports from the trustee, and other regular and routine services not specifically stated herein, are included without additional charge to the debtor.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**The debtor has acknowledged that matters may arise in connection with the bankruptcy case which are not included in the regular and routine services to be rendered for the fee quoted. Charges for such additional services will be assessed at our standard hourly rate for the particular attorney working on the case, and shall be in addition to the quoted fee. Debtor has been advised that these charges must be submitted to the Bankruptcy Court for approval. Such services would include, but are not limited to, attendance at depositions or Rule 2004 examinations and other pretrial hearings in regard to objections to confirmation and/or adversary proceedings concerning discharge of debt, research, preparation of briefs, preparation for trial, and court time at trial in such litigated matters.**

In re Leonard Charles Smith  
Jessica Anne Smith Case No. \_\_\_\_\_  
Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**  
(Continuation Sheet)

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 29, 2017

Date

/s/ Mary Beth Ausbrooks

**Mary Beth Ausbrooks**

*Signature of Attorney*

**Rothschild & Ausbrooks PLLC**

**1222 16th Avenue South, Suite 12**

**Nashville, TN 37212-2926**

**(615) 242-3996 Fax: (615) 242-2003**

**notice@rothschildbkllaw.com**

*Name of law firm*

**United States Bankruptcy Court  
Middle District of Tennessee**

In re **Leonard Charles Smith  
Jessica Anne Smith**

Debtor(s)

Case No.

Chapter

**13**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **August 29, 2017**

**/s/ Leonard Charles Smith**

**Leonard Charles Smith**

Signature of Debtor

Date: **August 29, 2017**

**/s/ Jessica Anne Smith**

**Jessica Anne Smith**

Signature of Debtor

LEONARD CHARLES SMITH  
4788 SOMERVILLE ROAD  
CROSS PLAINS TN 37049

JESSICA ANNE SMITH  
4788 SOMERVILLE ROAD  
CROSS PLAINS TN 37049

MARY BETH AUSBROOKS  
ROTHSCHILD & AUSBROOKS PLLC  
1222 16TH AVENUE SOUTH, SUITE 12  
NASHVILLE, TN 37212-2926

13.7 LLC  
ATTN: OFFICER MANAGER OR AGENT  
P.O. BOX 1931  
BURLINGAME CA 94011

ACCOUNTS RECEIVABLE MGMT SVCS  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 638  
PARIS TN 38242-0638

ADVANCE AMERICA  
ATTN: OFFICER MANAGER OR AGENT  
2012 MEMORIAL BLVD #H  
SPRINGFIELD TN 37172

ADVANCE FINANCIAL  
ATTN OFFICER MANAGER OR AGENT  
1901 CHURCH ST  
NASHVILLE TN 37203

AIR AFFILIATES INC  
ATTN: OFFICER MANAGER OR AGENT  
2100 PARK PLAZA DRIVE  
SPRINGFIELD TN 37172

AMERICAN INFOSOURCE LP  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 248838  
OKLAHOMA CITY OK 73124

AMERICAN INFOSOURCE LP  
ATTN: OFFICER MANAGER OR AGENT  
4515 N SANTA FE AVE  
OKLAHOMA CITY OK 73118

ARMAND LAW GROUP  
ATTN: OFFICER MANAGER OR AGENT  
8668 SPRING MOUNTAIN RD STE 101  
LAS VEGAS NV 89117

AT&T BANKRUPTCY DEPT  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 769  
ARLINGTON TX 76004

BENCHMARK PHYSICAL THERAPY  
ATTN: OFFICER MANAGER OR AGENT  
DEPT 888530  
KNOXVILLE TN 37995

C. ROBERT HEDGES  
ATTN: OFFICER MANAGER OR AGENT  
157 WEST FIFTH STREET  
RUSSELLVILLE KY 42276

CARE CREDIT/SYNCB  
ATTN: OFFICER  
PO BOX 965036  
ORLANDO FL 32896

CASH EXPRESS  
ATTN: OFFICER MANAGER OR AGENT  
1602 MEMORIAL BLVD  
SPRINGFIELD TN 37172

CASH EXPRESS LLC  
ATTN: OFFICER MANAGER OR AGENT  
345 S JEFFERSON AVE STE 300  
COOKEVILLE TN 38501

CHECK INTO CASH  
ATTN: OFFICER MANAGER OR AGENT  
2554 MEMORIAL BLVD  
SPRINGFIELD TN 37172

COLLECTION BUREAU - FWB  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 4127  
FORT WALTON BEACH FL 32549-4127

CREDIT BUREAU SYSTEMS INC  
ATTN: OFFICER MANAGER OR AGENT  
121 W DUNBAR RD  
CLARKSVILLE TN 37040

CREDIT BUREAU SYSTEMS INC  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 482  
CLARKSVILLE TN 37040-0482

CREDIT BUSINESS SVCS  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 4127  
FORT WALTON BEACH FL 32549

CREDIT COLLECTION SERVICES  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 9134  
NEEDHAM HEIGHTS MA 02494-9134

DJO LLC  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 515471  
LOS ANGELES CA 90051-6771

DJO LLC  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 660117  
DALLAS TX 75266

ECMC  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 16408  
SAINT PAUL MN 55116-0408

ERICA HORTON  
858 PEBBLE BROOK DRIVE  
ASHLAND CITY TN 37015

FINGERHUT/WEBBANK  
ATTN: OFFICER  
6250 RIDGEWOOD ROAD  
SAINT CLOUD MN 56303

FIRST PREMIER BANK  
ATTN: OFFICER  
3820 N LOUISE AVE  
SIOUX FALLS SD 57107-0145

FMAC  
ATTN: OFFICER MANAGER OR AGENT  
55 MOORELAND DRIVE  
SPRINGFIELD TN 37172

FOX COLLECTION CENTER  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 528  
GOODLETTSVILLE TN 37070-0528

INLAND BANK  
% SUSAN FAULKNER  
736 CURREY ROAD  
NASHVILLE TN 37217

INSOLVE AUTO FUNDING, LLC  
ATTN: OFFICER MANAGER OR AGENT  
DEPT 3403 P.O. BOX 123403  
DALLAS TX 75312

J. PHILLIP JONES, ESQ.  
SUITE C-205, NASHVILLE HOUSE  
ONE VANTAGE WAY  
NASHVILLE TN 37228

LABCORP  
% LCA COLLECTIONS  
PO BOX 2240  
BURLINGTON NC 27216-2240

LEONARD SMITH JR ESTATE  
C/O MILLIE JANE BRANDENBURG  
PO BOX 246  
ARJAY KY 40902

MAXLEND  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 639  
PARSHALL ND 58770

MIDLAND FUNDING LLC  
ATTN: OFFICER MANAGER OR AGENT  
8875 AERO DRIVE #200  
SAN DIEGO CA 92123

MIDLAND FUNDING LLC  
ATTN OFFICER MANAGER OR AGENT  
PO BOX 2011  
WARREN MI 48090

MRS ASSOCIATES INC  
ATTN: OFFICER MANAGER OR AGENT  
1930 OLNEY AVE  
CHERRY HILL NJ 08003

MSCB INC  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 1567  
PARIS TN 38242-1567

NATIONAL CREDIT ADJUSTERS  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 3023  
HUTCHINSON KS 67504-3023

NATIONAL SERVICE BUREAU  
ATTN OFFICER MANAGER OR AGENT  
18912 NORTH CREEK PKWY, STE 205  
BOTHELL WA 98011

NATIONWIDE RECOVERY SERVICE  
ATTN: OFFICER MANAGER OR AGENT  
545 W INMAN STREET  
CLEVELAND TN 37311

NAVIENT  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 9500  
WILKES BARRE PA 18773

NEUROSURGICAL ASSOCIATES  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 210127  
NASHVILLE TN 37221-0127

NORTHCREST MEDICAL CENTER  
ATTN: OFFICER MANAGER OR AGENT  
100 NORTHCREST DR  
SPRINGFIELD TN 37172-2984

NORTHCREST MEDICAL CENTER  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 305172 DEPT 97  
NASHVILLE TN 37230

NORTHCREST MEDICAL CENTER  
ATTN: OFFICER MANAGER OR AGENT  
P.O. BOX 305172 DEPT 97  
NASHVILLE TN 37230

NORTHCREST PHYSICIAN SERVICES  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 969  
SPRINGFIELD TN 37172-0969

NOVASOM  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 101928 DEPT 2491  
BIRMINGHAM AL 35210

OPTIMA RECOVERY SERVICES  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 52968  
KNOXVILLE TN 37950-2968

PIONEER/MAC INC  
ATTN: OFFICER MANAGER OR AGENT  
4000 SOUTH EASTERN STE 300  
LAS VEGAS NV 89119

PLAIN GREEN LOANS/ACCOUNT SVCS  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 270  
BOX ELDER MT 59521

PLAZA SERVICES  
ATTN: OFFICER MANAGER OR AGENT  
110 HAMMOND DRIVE STE 110  
ATLANTA GA 30328

QUANTUM SERVICING CORP  
ATTN: OFFICER, MANAGER OR AGENT  
PO BOX 788  
KIRKLAND WA 98083-0788

QUANTUM3 GROUP  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 788  
KIRKLAND WA 98083

QUEST DIAGNOSTICS  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 740777  
CINCINNATI OH 45274-0777

RAMESH CHADALAVADA MD  
ATTN: OFFICER MANAGER OR AGENT  
221 NORTHCREST DRIVE  
SPRINGFIELD TN 37172

REVIVER FINANCIAL, LLC  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 3023  
HUTCHINSON KS 67504

ROBERT HEDGES  
ATTN: OFFICER MANAGER OR AGENT  
P.O. BOX 335  
RUSSELLVILLE KY 42276

ROBERTSON CO GENERAL SESS CT  
ATTN: OFFICER MANAGER OR AGENT  
529 S BROWN ST  
SPRINGFIELD TN 37172

SANTANDER CONSUMER BANKRUPTCY DEPT  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 560284  
DALLAS TX 75356-0284

SOUTHERN RADIOLOGY ASSOCIATES  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 1376  
COLUMBIA TN 38402-1376

SPEEDY CASH  
ATTN: OFFICER MANAGER OR AGENT  
8400 E 32ND ST N  
WICHITA KS 67226

SURGICAL ALLIANCE MIDDLE TN  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 440353  
NASHVILLE TN 37244-0353

TENNESSEE ORTHOPAEDIC ALLIANCE  
PO BOX 105132  
ATLANTA GA 30348-5132

TENNESSEE QUICK CASH  
ATTN: OFFICER MANAGER OR AGENT  
904 MEMORIAL BLVD  
SPRINGFIELD TN 37172

TENNESSEE STUDENT ASSISTANCE CORP  
C/O TN ATTY GENERAL, BK UNIT  
P O BOX 20207  
NASHVILLE TN 37202-0207

TN QUICK CASH  
ATTN: OFFICER MANAGER OR AGENT  
6326 CHARLOTTE PIKE  
NASHVILLE TN 37209

TRANSWORLD SYSTEMS INC  
ATTN: OFFICER MANAGER OR AGENT  
507 PRUDENTIAL ROAD  
HORSHAM PA 19044

US ATTORNEY GENERAL  
US DEPARTMENT OF JUSTICE  
950 PENNSYLVANIA AVENUE  
WASHINGTON DC 20530

US BANK  
ATTN: OFFICER  
4801 FREDERICA STREET  
OWENSBORO KY 42301

US BANK HOME MORTGAGE  
ATTN: OFFICER  
PO BOX 21948  
EAGAN MN 55121

USA FUNDS  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 9460  
WILKES BARRE PA 18773

VERIZON WIRELESS  
ATTN: OFFICER MANAGER OR AGENT  
PO BOX 105378  
ATLANTA GA 30348

VOLUNTEER STATE BANK  
ATTN: OFFICER  
101 HWY 52 W  
PORTLAND TN 37148